| <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u> | |
|--|---|
| SUS | ſ |
| \mathbf{T} | 1 |

UTILITY PATENT APPLICATION TRANSMITTAL

811882

| | | | | | | | | 2,1 | | | |
|--|----------------|--|---|--|--|---------------|---|-----------------|--|--|--|
| Address to: Box PATENT APPLICATION Commissioner of Patents | | | | | Attorney Docke | et No. | WANG3233/EM | 2258 10, | | | |
| | | | | | First Named In (or identifier) | ventor | Philip WANG | | | | |
| P.O. Box 1450 Alexandria, VA 22313-1450 | | | | 1 50 | Total Pages | | 45 | | | | |
| | | Transmitte | ed he | erewith is a pate | nt applicat | ion under | 37 CFR 1.53(b). | | | | |
| Entitled: Apple/Pot | | | | o Peeler | | | | : | | | |
| × | 1. | Submitted herewith are the following: | | | | | | | | | |
| | | 15 pages of specification, including claims and Abstract. 3 sheets of FORMAL drawings (Figs. 1-7). 5 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 certified copy of Taiwan application no. 092211571. Priority is claimed. 1 check in the amount of \$385 (Filing Fee). | | | | | | | | | |
| ⊠ | 2. | SMALL EN | ALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application. | | | | | | | | |
| X | 3. | The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200. | | | | | | | | | |
| | 4. | Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed | | | | | | | | | |
| | 5. | Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed | | | | | | | | | |
| | 6. | Other: | | | | | | | | | |
| Reg. | No. 2 | 5,893; Richar | d E. F | presenting applican Fichter, Reg. No. 26, 2; and Benjamin E. | ,382; Thomas | s J. Moore, R | , Reg. No. 19,179; Eug eg. No. 28,974; Josep | jene Mar, ∤h | | | |
| THE FILING FEE IS CALCULATED | | | | E IS CALCULATED AS F | OLLOWS: | | Basic Fee: | \$770.00 | | | |
| | | Total Claims: | 5 | - 20 = | | 0 | X \$18 = | \$0.00 | | | |
| Independent Claims: 1 | | - 3 = | | 0 | X \$86 = | \$0.00 | | | | | |
| 625 Slaters Lane, 4 th Floor | | | 2336 | 3364 | Multiple Dependent Claim (add \$290.00): | | \$0.00 | | | | |
| | | | or | CUSTOMER NUMBER | | Subtotal: | | \$770.00 | | | |
| Alexandria, VA 22314-1176 | | | | | | | 50% Reduction if Small Entity Status: | | | | |
| Phone: 703-683-0500 | | | | Fax: 7 | Fax: 703-683-1080 | | Total: | | | | |
| Date: Name | | | Name: | | Signature: | | Reg. No. | | | | |
| N/ | March 30, 2004 | | | Fugene Mar | Ì | | | 25.893 | | | |